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CONFIRMATION NO. 4895

SERIAL NUMBER 10792,086	FILING OR 371(c) DATE 03/03/2004 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 29917/04000
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APPLICANTS
 Challen W. Waychoff II, Piedmont, OH;

**** CONTINUING DATA *******
 NONE

**** FOREIGN APPLICATIONS *******
 NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 05/21/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	STATE OR COUNTRY OH	SHEETS DRAWING 5	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 4
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ADDRESS
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TITLE
 Colon hydrotherapy device

FILING FEE RECEIVED 428	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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